

DEFENDANT'S EXHIBIT

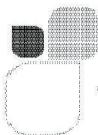
**CVS-MDL-00980**



## DEA & Pharmacy Regulatory Training



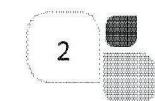
September 2012

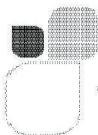


## DEA & Pharmacy Regulatory Training

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## DEA & Pharmacy Regulatory Training

### Introduction

#### Course Overview

As a colleague of CVS/pharmacy, you are expected to comply with all laws, regulations and Company policies related to the handling of controlled substances.

Throughout this training, we will discuss various policies and procedures around the ordering, receiving and dispensing of controlled substances. For additional information, refer to RxNet.

#### Objectives

In this training, we will review:

- Policies and requirements regarding controlled substances
- The importance of verifying that each prescription is valid
- Ways to identify forged and altered prescriptions
- Dispensing guidelines for controlled substances
- Recordkeeping requirements for controlled substances
- Diversion and diversion trends
- How to report thefts and losses of controlled substances

#### Symbol Key

The following symbols are used throughout this training.



Indicates a note



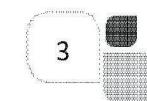
Indicates any consequences that may occur if laws, regulations and/or Company policies are violated

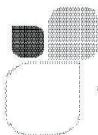


Indicates important things to remember



Indicates a resource available to you





## DEA & Pharmacy Regulatory Training

### Regulations and Compliance

#### Federal Regulations



The Federal Controlled Substances Act and the Drug Enforcement Administration (DEA) regulations govern the purchase, receipt, storage and dispensing of controlled substances. They also impose requirements for the retention of applicable pharmacy records and the reporting of thefts and losses of controlled substances.

#### State Regulations

In addition to federal regulations, there are also state laws and regulations that govern the purchase, receipt, storage and dispensing of controlled substances and impose important recordkeeping requirements. These laws and regulations are governed by state professional licensing boards (i.e., Board of Pharmacy) and/or state narcotics agencies.

In many instances, the state laws mirror the federal requirements; however, there are instances where the state requirements differ, and in some cases state and/or local laws are more stringent than the federal laws.

Pharmacies are subject to both jurisdictions and must follow the more stringent requirements.

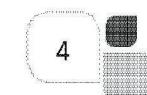
#### Your Role in Ensuring Compliance

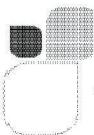
CVS/pharmacy takes its compliance responsibilities seriously. As a CVS/pharmacy colleague, you play a critical role in ensuring that we are consistently compliant with applicable laws and regulations. You must be thoroughly familiar with both the federal laws and regulations relating to controlled substances and with the relevant state laws of each state in which you work or are licensed to practice pharmacy.

If a pharmacy staff member has questions about a controlled substance law or policy they must contact their immediate supervisor, Regulatory Compliance at [RxRegulatory@cvs.com](mailto:RxRegulatory@cvs.com) or they can send an email to the [Rx\\_DEA\\_PSE\\_CS@cvs.com](mailto:Rx_DEA_PSE_CS@cvs.com).

Colleagues must comply with these laws and regulations at all times and must report any instances of non-compliance by you or others.

- First, report the matter to the **Ethics Line by calling 1-877-CVS-2040.**
- Second, if you're comfortable doing so, inform your immediate supervisor of your concerns.





## DEA & Pharmacy Regulatory Training

### Regulations and Compliance, continued

#### Store Visits by Regulatory Agencies

Stores are subject to regulatory visits/inspections by the DEA, state Boards of Pharmacy, a state controlled substance regulatory agency, or any other governmental agency with authority over the practice of pharmacy.

- The PIC or Pharmacist on Duty must be the primary contact person during a regulatory visit and must, after verifying the regulatory official's identity, provide the regulatory official with him or her access to the pharmacy area and records.
- Immediately following a regulatory visit, the PIC or Pharmacist on Duty must complete the Regulatory Tracker form (accessible via RxNet) and submit it to Regulatory Compliance.



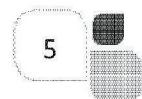
#### Penalties for Violation

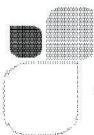
Failure to follow state or federal laws and regulations can result in serious consequences for the company, including:

- Criminal penalties
- Civil monetary fines
- Administrative sanctions
- Suspension or revocation of the pharmacy's DEA registration or pharmacy license

Failure to comply with laws, regulations and Company policies relating to controlled substances can result in criminal, civil or administrative sanctions including the suspension or revocation of a Pharmacist's license. It can also result in disciplinary action up to, and including, termination of employment for the colleague.

Failure to timely report a potential violation of law or Company policy relating to controlled substances can result in disciplinary action up to, and including, termination of employment.





## DEA & Pharmacy Regulatory Training

### Prescription Requirements

#### State Regulations

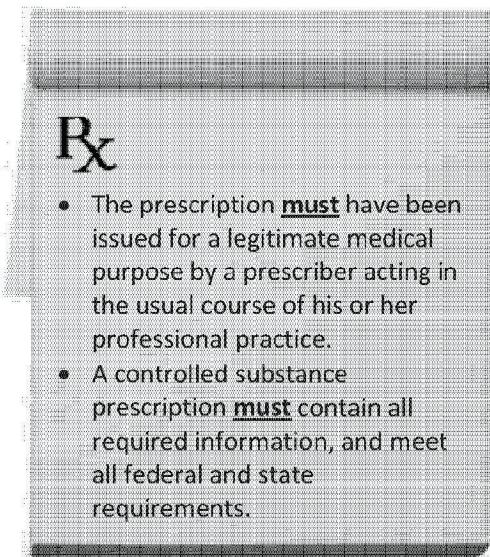
All states have specific requirements for accepting prescriptions in any form (written, oral, fax, etc.). It is the responsibility of each pharmacy team member to understand their specific state's requirements and ensure each prescription presented to the pharmacy complies with all state and federal laws.

In some states, only anti-forgery prescription forms may be used for CII drugs. In those states, it is important that pharmacy staff dispense CII drugs only if the prescription is written on a proper form.

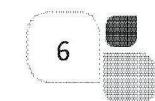
#### Defining a Valid Prescription

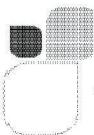
Pharmacy staff must be satisfied that all requirements of a valid prescription have been met before a prescription may be filled.

A controlled substance prescription is **valid** and may be lawfully dispensed only if **BOTH** of the following requirements have been met:



**NOTE:** Even if a prescription contains all of the required information and otherwise meets the federal and state prescription requirements, it must not be dispensed unless it was written for a legitimate medical purpose.





## DEA & Pharmacy Regulatory Training

### Prescription Requirements, continued

#### Electronic Prescriptions (eRx)

**At this time, RxConnect is not enabled for electronic prescribing of controlled substances. Once RxConnect is enabled, the following information below will be important to understand.**

The DEA allows only *certified* ePrescribing systems to ePrescribe controlled substances. Additionally, the DEA also requires that only pharmacies with a *certified* pharmacy application may accept ePrescriptions for controlled substances.

RxConnect has the ability to receive electronic prescriptions for controlled substances from prescribers who have been certified. Upon receipt of an eRx for a controlled substance:

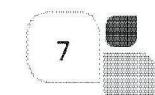
- RxConnect checks the prescriber's certification and the contents of the eRx for all required information
- If the required information is provided, RxConnect will place the eRx in the workflow for processing

There will be some instances in which an eRx for a controlled substance will be rejected either because the prescriber is not certified to transmit eRx for controlled substances or the prescription data elements do not meet all requirements for a controlled substance prescription. In such cases:

- RxConnect will reject the eRx and place it into workflow as an "Invalid eRx"
- The pharmacy will be required to follow up with the prescriber and obtain a written, fax or telephone prescription



**IMPORTANT:** RxConnect will prevent an eRx from being processed where the prescriber is not certified to transmit eRx for controlled substances or the prescription data elements do not meet all requirements for a controlled substance prescription. RxConnect cannot determine if a prescription was written for a legitimate medical purpose. That determination remains the responsibility of the dispensing pharmacist.



## DEA & Pharmacy Regulatory Training

### Prescription Requirements, continued

#### Information Required on a Controlled Substance Prescription

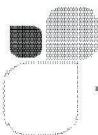
Below is the required information that must be present on a controlled substance prescription.

- Patient's full name and address
- Prescriber's full name, address and DEA registration number
- Drug name, strength, dosage form and quantity
- Directions for use
- Number of authorized refills, if any
- Signature of the prescriber and the date issued
- Verify the prescription is written on a tamper proof Rx blank, where required

#### Schedule II Prescription Requirements

The following standards apply when accepting Schedule II (CII) prescriptions:

- Prescriptions for Schedule II controlled substances must be in **writing, manually signed by the prescriber.**
- A CII prescription may not be dispensed until the pharmacy receives the **original prescription** (even if the pharmacy received a faxed copy in advance).
- In an emergency, a CII prescription may be phoned into the pharmacy, but the amount dispensed must be limited to the **amount necessary** to treat the patient during the emergency period and the prescriber must follow up with a written prescription within seven (7) days. The pharmacist must notify the local DEA field office if the prescriber fails to provide a written prescription within seven (7) days.
- A partial fill for a CII is allowed if a pharmacist cannot supply the full quantity written, provided that the pharmacist notes the quantity supplied on the prescription and the remaining portion is dispensed within seventy-two (72) hours. If the remaining portion cannot be filled within the seventy-two (72) hour period the pharmacists must notify the prescriber and get a new prescription.



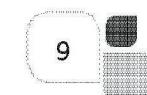
## DEA & Pharmacy Regulatory Training

### Prescription Requirements, continued

#### Schedule III-V Prescription Requirements

Schedule III – V (CIII – V) controlled substances may be dispensed pursuant to the following:

- A **written** prescription signed by the prescriber
- A **faxed** prescription as long as the prescription is manually signed by the prescriber
  - For faxed prescriptions, an electronic or typed signature is not a valid signature
- An **oral** prescription provided that the prescription is promptly reduced to writing by the pharmacist and contains all information required on a written prescription except for the signature of the prescriber. These verbal prescription records are maintained with other prescriptions.



## DEA & Pharmacy Regulatory Training

### Prescription Requirements, continued

#### Questioning the Validity of a Prescription

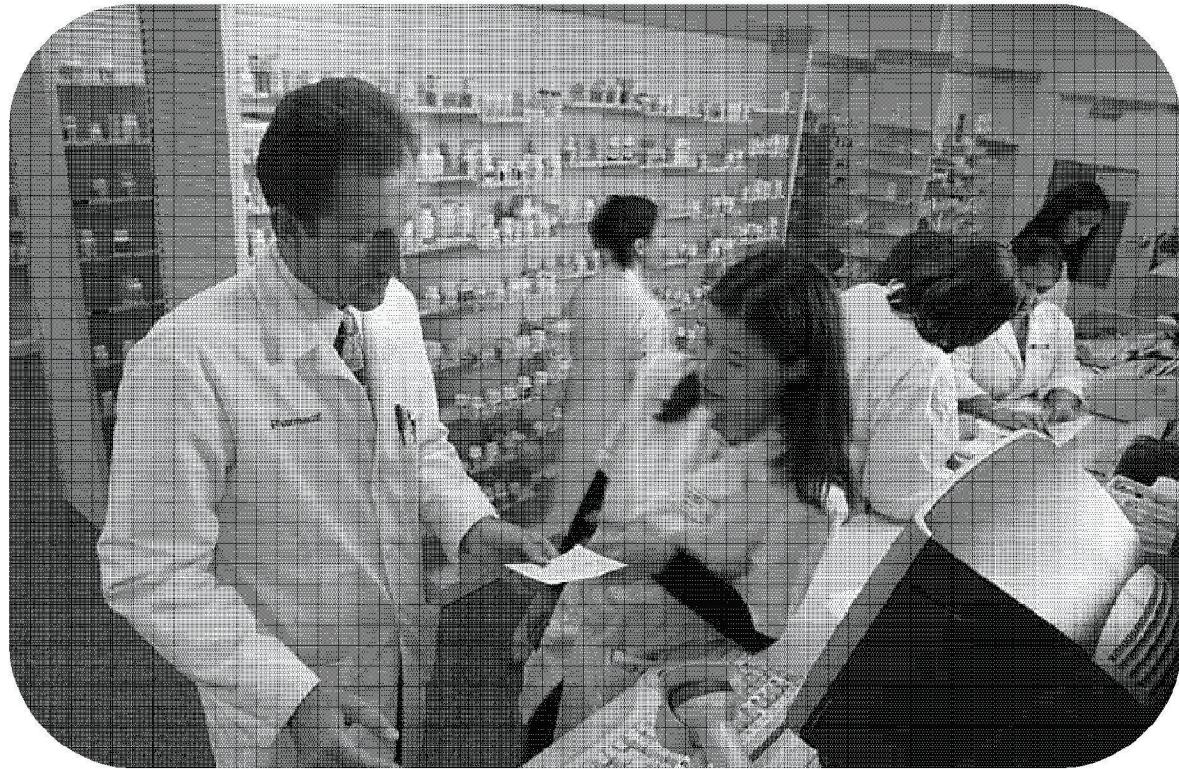
If you have a question about any aspect of the prescription order, you must contact the prescriber for clarification and verification before filling the prescription.

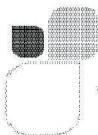
Pharmacists should document these.

Even if the prescriber indicates that the prescription should be filled as written, the pharmacist must use his or her professional judgment to determine whether the prescription was issued for a legitimate medical purpose and in the normal course of professional practice.

A Pharmacist **must not** fill a controlled substance prescription that the Pharmacist does not believe was written for a legitimate medical purpose in the ordinary course of professional practice.

The authority of mid-level practitioners to prescribe controlled substances varies by state. You must comply with state law regarding prescribing authority.





## DEA & Pharmacy Regulatory Training

### Accepting Prescriptions

#### New Prescriptions

All prescriptions must be received in a polite and accommodating manner.

For all new prescriptions that are presented in person, the required information is obtained from the customer before the prescription is data entered into RxConnect:

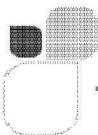
- Full Name and Address
  - Clearly written
- Date of Birth
  - Clearly written
- Preferred Contact Number
- Allergies to Medications
  - If none, write NKA (no known allergies)
- Third Party Information (if applicable)
  - Cardholder's Name
  - Patient Relationship to Cardholder
- Pertinent Medical Information
  - Obtain pertinent medical information where appropriate (i.e., medical condition)

#### Oral Prescriptions

Oral prescriptions from prescribers must be written on an authorized CVS Oral Prescription form. The following three versions are available depending upon your state's specific requirements.

Item	Description
310039	Prescription Pad – Missouri stores only (pd125)
182779	Prescription Pad – Universal – 1 Line Format (pd125)
163112	Prescription Pad – Universal – 2 Line Format (pd125)





## DEA & Pharmacy Regulatory Training

### Accepting Prescriptions, continued

#### Oral Prescriptions, continued

You must obtain the following when new prescriptions or refill authorizations are phoned in from the prescriber's office:

- Patient's full name
- Patient's Date of Birth and preferred contact number (if possible)
- Medication, directions, refill information
  - Drug name
  - Drug strength
  - Quantity prescribed
  - Directions for use
  - Date prescription written/issued
- Prescriber's full name and office telephone number
- Name of the person calling in the prescription
- Time the prescription was received
- Anticipated pick-up time (if possible)

#### Contacting Prescribers for Clarification

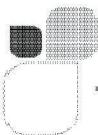
Often, the pharmacist may be required to contact the prescriber regarding clarification or to obtain missing information on a prescription. Additionally, the pharmacist may contact the prescriber to discuss clinical information concerning the patient and/or prescription.

In all cases, the conversation with the prescriber's office must be documented on the actual prescription and/or in RxConnect.

- For prescription clarifications, such as missing patient, prescriber or drug information, the information must be written legibly on the hardcopy prescription. Additionally, the name of the person spoken to must be documented along with the date and time that the conversation occurred.
- For clinical questions concerning the patient and/or prescription, the information must be documented either on the hardcopy prescription or in RxConnect by utilizing the patient notes functionality.



**IMPORTANT:** Only the pharmacist, unless specified by individual state law and/or Board of Pharmacy regulations, is authorized to contact a prescriber's office for these purposes.



## DEA & Pharmacy Regulatory Training

### Accepting Prescriptions, continued

#### Accuracy of Provider

Maintaining accurate prescriber data in RxConnect is a responsibility of all pharmacy team members. There is increased regulatory scrutiny around accurate prescriber data. Federal and state authorities **expect** pharmacies to maintain compliance.

CVS Caremark currently leverages a third party vendor's prescriber file (HMS) for all prescriber records. It is the responsibility of each pharmacy team member at data entry to search for and select the correct prescriber record by utilizing one of the following three search options:

1. Last name + DEA #
2. Last name + NPI #
3. Last name + telephone number

These searches were created to address the fact that prescribers may have multiple offices. By using these refined searches, especially the telephone number and DEA #, pharmacy team members are able to find the exact match at the address level.

In addition to the refined searches, RxConnect will provide pharmacy team members with messages/alerts when:

- A selected prescriber's record has been flagged for federal or state issues
- A prescriber may be limited in their prescribing ability for controlled drugs
- A prescriber may be deceased, sanctioned, have an expired DEA license, etc.



**NOTE:** When entering prescription information into RxConnect, all pharmacy colleagues must ensure that correct prescriber information is entered. There can be multiple prescribers with similar names and you must make sure that the correct prescriber is identified and selected.



## DEA & Pharmacy Regulatory Training

### Forged or Altered Prescriptions

#### Governing Principles

All colleagues should be alert for any potential indicators of diversion, including the use of forged or altered prescriptions to obtain medications. All colleagues should follow common sense, sound professional practice and proper dispensing and controls.

If there is a question about whether a prescription has been forged or altered, the prescription **must not** be dispensed until it can be verified by the prescriber who wrote it.

A prescription must not be dispensed if the prescriber's office confirms that he/she did not issue the prescription or that the prescription has been altered.

#### Colleague Responsibilities

All colleagues are required to check prescription documents carefully and to be on alert for forged or altered prescriptions or other signs of potential diversion.

Colleagues must immediately notify the pharmacist on duty if they suspect a prescription has been forged, altered.

If a colleague does not feel comfortable notifying the pharmacist on duty, they may notify the Pharmacy Supervisor or contact the **Ethics Line by calling 1-877-CVS-2040**.



**NOTE:** Under no circumstance should a colleague attempt to detain a customer that presented a forged or altered prescription.



## DEA & Pharmacy Regulatory Training

### Forged or Altered Prescriptions, continued

#### Pharmacist Responsibilities

Employees should be constantly alert for any potential indicators of diversion, including the use of fraudulent and altered prescriptions to obtain medications. Employees should follow common sense, sound professional practice and proper dispensing and controls. If there is a question about any aspect of the prescription order, the prescription must not be dispensed until the legitimacy of the order can be verified by the individual practitioner who wrote the prescription, and the pharmacist's questions are resolved in such a way that the pharmacist is satisfied that the prescription was written for a legitimate medical purpose.

Pharmacists should exercise heightened scrutiny for prescriptions written by out-of-area doctors or presented by out-of-area patients, especially when the prescription involves certain controlled substances with high potential for diversion (i.e., oxycodone or hydrocodone). Out-of-area prescriptions should be verified with the prescriber.

Prescriptions should not be filled under the following circumstances:

- If the pharmacist believes that the prescription was not written for a legitimate medical purpose.
- Pharmacist knows the prescription was issued on the basis of an internet-based or telephonic consultation without a valid patient-practitioner relationship.
- Prescription appears to have been forged, altered or copied.
- Pharmacist has questions about any aspect of the prescription and the prescriber's office cannot be contacted for verification or clarification.



**CVS/pharmacy**

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## DEA & Pharmacy Regulatory Training

### Forged or Altered Prescriptions, continued

#### Responding to Suspected Forged or Altered Prescriptions

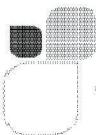
If a prescriber verifies that a prescription has been forged, altered or is otherwise invalid:

- The prescription must not be filled and should be deleted from RxConnect if it has already been data entered or verified.
- The pharmacist should inform the patient that the prescriber has instructed them to not dispense the medication.
- The prescription should not be given back to the customer. If the original cannot be retained, a copy of the prescription should be retained if possible.
- The pharmacist should document the conversation with prescriber's office on the back of the hard copy of the prescription or on a separate sheet of paper, together with the prescription information.
  - Include the name of the person, the date and time of the conversation and the information provided by the prescriber.
- The pharmacist should also document on the prescription, or on a separate sheet of paper, factual events of the incident (i.e., date, time, comments from the customer and physical characteristics).
- If required by state law (ex: FL), the pharmacist should contact local law enforcement immediately.
- The pharmacist should notify their pharmacy supervisor.

If a pharmacist is unable to verify the prescription with the prescriber, or after speaking with the prescriber's office believes, in the exercise of his or her professional judgment, that a prescription is forged, altered, or otherwise invalid, the pharmacist **must not** dispense it.

If a prescription is filled and a pharmacist later learns that the prescription was forged or altered, the pharmacist should report the matter to the **Ethics Line by calling 1-877-CVS-2040**. The pharmacist should also notify their Pharmacy Supervisor and, if required by state law, local law enforcement.

**FLORIDA STORES ONLY:** Any use or attempted use of a prescription that is known or believed to be forged or altered must be reported to the local sheriff **within 24 hours**. The report must include a copy of the prescription, any narrative documenting contact with the prescriber, any identifying information regarding the customer and any surveillance video or photographs.



## DEA & Pharmacy Regulatory Training

### Forged or Altered Prescriptions, continued

#### Requests to Participate in a "Sting" Operation

Pharmacists should not fill a forged or altered prescription, even at the direction of law enforcement.

If a pharmacist is asked to participate in a "sting" operation, the pharmacist must notify:

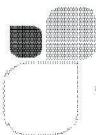
- Legal by contacting Frank Pasquesi (SVP Litigation) at (847) 559-5482 or [Frank.Pasquesi@Caremark.com](mailto:Frank.Pasquesi@Caremark.com) before taking any action
- Their Pharmacy Supervisor

#### Identifying Forged or Altered Prescriptions

Colleagues should be familiar with the various ways in which drug-seeking individuals may attempt to obtain prescription medications through a fraudulent means. Some examples include:

- Altering a prescription by changing the amount of drug prescribed in order to obtain additional amounts of legitimately prescribed drugs
- Creating fake prescription pads that use a legitimate doctor's name, but with a different call back number that is answered by an accomplice who can verify the prescription
- Calling in their own prescriptions and giving their own telephone number as the call back number
- Stealing legitimate prescription pads from a prescriber's offices and writing multiple prescriptions using fictitious patient names and addresses, which are then picked up by accomplices
- Copying a prescription so that it can be altered or used multiple times



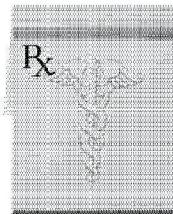


## DEA & Pharmacy Regulatory Training

### Forged or Altered Prescriptions, continued

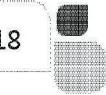
#### Signs of Forged or Altered Prescriptions

There are a number of signs to look for to spot a potentially fraudulent prescription. Colleagues must check prescription documents carefully and be alert to the warning signs that may indicate a prescription has been forged or altered or is otherwise invalid. Signs may include:



#### Prescriptions...

- That contain misspellings
- That appear to be photocopied
- Written in different color inks, or in different types of handwriting
- Written in full, with no abbreviations, or that do not comply with standard abbreviations
- With unusual quantities, directions or dosages that do not comply with usual practice
- Written for antagonistic drugs (e.g., depressants and stimulants) for a single patient



## DEA & Pharmacy Regulatory Training

### Forged or Altered Prescriptions, continued

#### Guidelines for Evaluating Legitimacy of a Prescription

If there is a question as to whether a prescription was issued for a legitimate medical purpose, the pharmacist should do the following to confirm the validity of the prescription:

- Verify the identity of the patient by obtaining a driver's license or state-issued photo ID at the time of drop-off. Document the information on the back of the prescription to include name, address, and DOB of the person.
- Never dispense medication to a patient who appears visibly altered, intoxicated or incoherent.
- Do not fill any prescription that appears to have been altered, forged or copied. Verify any questionable information with the prescriber.
- Do not fill a prescription if you believe the prescription was not issued for a legitimate medical purpose.
- Review the patient's profile prior to filling controlled substances. Contact the prescriber with any concerns about the type, dosage, frequency or amount of medication prescribed. Document communications with prescriber or agent on the back of the prescription to include date, time, outcome and name of person.
- Exercise heightened scrutiny for prescriptions written by out-of-area doctors or presented by out-of-area patients for certain controlled substances (e.g., oxycodone or hydrocodone) especially new patients from the same prescriber. Verify out-of-area prescriptions with the prescriber and notify your Pharmacy Supervisor.

Even if the prescriber indicates that the prescription should be filled as written, the pharmacist must still use his or her professional judgment to determine whether the prescription was issued for a legitimate medical purpose and in the usual course of professional practice.



**IMPORTANT:** A pharmacist must not fill a prescription that in his or her professional judgment was not issued for a legitimate medical purpose and in the usual course of the prescriber's professional practice.

## DEA & Pharmacy Regulatory Training

### Forged or Altered Prescriptions, continued

#### **Penalties for Violation**

Under federal and state law, it is illegal to knowingly dispense based on an invalid prescription. Any colleague that knowingly fills a controlled substance prescription that was not issued for a legitimate medical purpose or in the usual course of professional treatment violates the Controlled Substances Act. This violation is a felony and may result in the loss of one's business or professional license and will result in disciplinary action up to, and including, termination of employment from CVS/pharmacy.

Additionally, the DEA has taken the position that any colleague who deliberately ignores a questionable prescription when there is reason to believe it was not issued for a legitimate medical purpose will be prosecuted for knowingly and intentionally distributing controlled substances.



## DEA & Pharmacy Regulatory Training

### Dispensing Requirements

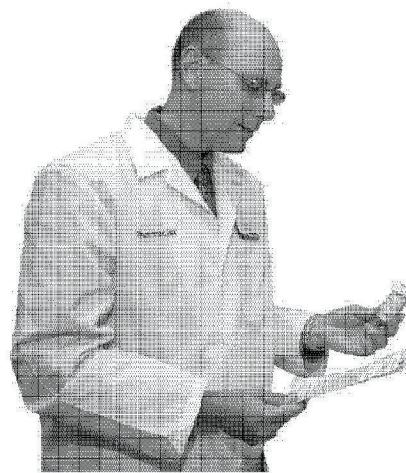
#### Stocking Narcotic Pain Medications

Narcotic prescriptions play an important role in healthcare for patients. It is important that all pharmacists understand that narcotic prescriptions that are needed in your community should be stocked in the appropriate quantities to ensure patient care. However, an overstock situation is never permissible.

#### Pharmacist's Responsibilities

A pharmacist must dispense controlled substances only pursuant to valid prescriptions that comply with federal and state laws.

Although doctors and other medical practitioners are primarily responsible for the proper prescribing of controlled substances to their patients, pharmacists have a "corresponding responsibility" under federal law to make sure that any controlled substance prescription that is filled was written for a legitimate medical purpose.



#### Corresponding Responsibility and the Guidelines for Dispensing Controlled Substances



**NOTE: This section is for pharmacists. It is informational only for pharmacy technicians.**

State and federal laws and regulations impose a corresponding responsibility on pharmacists to dispense controlled substances only for legitimate medical purposes and CVS Caremark seeks to ensure that its pharmacists are fulfilling that corresponding duty at all times.

CVS Caremark expects and supports all decisions by its pharmacists to not fill prescriptions if, in the sound exercise of their professional and clinical judgment they believe or suspect that the prescription was not issued for a legitimate medical purpose by a practitioner acting in the usual course of professional practice.

The CVS Caremark Guidelines for Dispensing Controlled Substances provides guidance for pharmacists with regard to filling controlled substance prescriptions.

All pharmacists should be familiar with the guidelines and should be mindful that their corresponding responsibility applies with regard to the dispensing of any controlled substance.



## DEA & Pharmacy Regulatory Training

### Dispensing Requirements, continued

#### Guidelines for Dispensing Controlled Substances

Below are some important guidelines for pharmacists:

- Pharmacists should suspend filling all controlled substances prescriptions from practitioners that they believe or have reason to believe are not issuing prescriptions for a legitimate medical purpose or in the course of a valid doctor/patient relationship. A pharmacist should notify their Pharmacy Supervisor of the decision.
- Pharmacists should not fill a prescription if they have reason to doubt that the practitioner has issued a prescription for a legitimate medical purpose in the course of a legitimate doctor/patient relationship, regardless of whether the prescription is otherwise “valid” on its face.
- The following are examples when Pharmacists should exercise particular caution before filling a prescription:
  - Large number of controlled substance prescriptions written by a single prescriber or practice
  - Prescriptions written for unusually large quantities of controlled substances
  - Prescriptions written by a particular prescriber that contain uniform dosage and quantities
  - The use of prescriptions that are preprinted or stamped
  - Issuance of prescriptions for antagonistic prescriptions (depressant and stimulant) at the same time
  - Prescriber repeatedly issues new prescriptions or refills for controlled substances to a patient
  - Prescribers routinely prescribe the same combination of drugs for pain treatment, particularly where the DEA has identified that combination as having a high potential for abuse (i.e., oxycodone, alprazolam, carisoprodol)
  - Practitioners who you are aware do not take insurance or whose patients have insurance but always insist on paying cash for their prescriptions
  - Customers who come to the pharmacy in groups to get narcotic prescriptions filled
  - Customers who request drugs by brand name, description or “street name” (i.e., Mallinckrodt blues or “blues”)
  - If the prescribing of narcotics does not fit with the prescriber’s practice or specialty area

## DEA & Pharmacy Regulatory Training

### Dispensing Requirements, continued

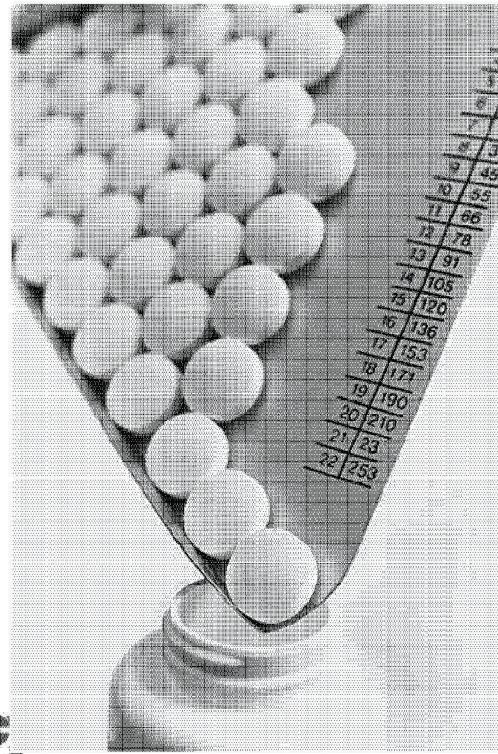
- Practitioners who do not have privileges at local hospitals or who are, or have been, the subject of criminal investigation
- Prescriptions written by local prescriber for out-of-state patients or patients that are not local to the pharmacy
- Prescriptions for a controlled substance written for multiple members of one household
- Disconnect between prescriber's specialty and substances prescribed
- Disconnect between patient's age and other patient profile information and the type and quantity of the drugs prescribed
- Customers who appear visibly altered, intoxicated or incoherent

## DEA & Pharmacy Regulatory Training

### Dispensing Requirements, continued

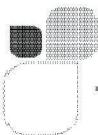
#### Guidelines for Dispensing Controlled Substances, continued

- Pharmacists should ordinarily only fill prescriptions if both the patient and practitioner reside within the geographic area served by the pharmacy. There may be exceptions (ex: patient travels a significant distance to see a cancer specialist), but exceptions should be limited. Document communications with a prescriber or agent regarding these exceptions on the back of the prescription and include date, time, outcome and name of the person spoken to.
- Contact the practitioner to verify the prescription:
  - With any concerns about the type and quantity of medication prescribed for a given indication.
  - If the prescription appears to be duplicative therapy, refill too soon or if the patient has had a prescription issued by several practitioners.
  - Where you have no relationship with the patient and/or prescriber.
- Verification of a prescription with the prescriber is not sufficient to satisfy a pharmacist's corresponding responsibility to dispense only prescriptions written for a legitimate medical purpose.
  - Even if a prescriber verifies a prescription, a pharmacist should not fill that prescription if they have reason to believe that it was not written for a legitimate medical purpose and in the usual course of the prescriber's professional practice.



**CVS/pharmacy**

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## DEA & Pharmacy Regulatory Training

### Dispensing Requirements, continued

#### Refusal to Fill

Pharmacists are one of the most trusted healthcare professionals. When a pharmacist determines it is inappropriate to fill a narcotic prescription, they have an obligation to inform their patients of their decision as to why they are not able to fill it.

In situations where a pharmacist may refuse to fill a narcotic prescription, they must:

- Deliver the information directly to the patient
- Communicate the reason why they are refusing to fill the prescription
  - For example, "I apologize, but I am unable to fill this prescription. As a CVS/pharmacy pharmacist, I must adhere to specific company guidelines that require me to confirm the therapy with your doctor and validate the appropriateness of the prescription according to specific dispensing protocols. I am unable to validate this prescription and am, therefore, unable to fill it. I am sorry for any inconvenience."



**IMPORTANT:** Under no circumstance should a pharmacist refer a patient for whom they have refused to fill a narcotic prescription to another pharmacy or another pharmacist. Additionally, pharmacists may not have a "blanket policy" for not filling narcotic prescriptions or not carrying narcotics.



## DEA & Pharmacy Regulatory Training

### Dispensing Requirements, continued

#### Refusal to Fill: Scenario 1

A patient drops off a prescription for Oxycodone 30mg tablets (quantity is 240, directions read "take 2 tablets by mouth every 6 hours as needed for pain") and would like to pay for it with cash. The patient has never come to this particular pharmacy before since they live in another state. The pharmacist checks the patient's profile information in RxConnect and notices that the patient has had Oxycodone 30mg tablets filled from different out-of-state doctors at multiple CVS/pharmacy locations. The pharmacist also notices that the patient has updated insurance information on file.

The pharmacist detects the following red flags:

- High quantity
- Paying in cash but has insurance on file
- New patient to the pharmacy and lives in another state
- Doctor shopping
- Using multiple pharmacies

In order to obtain additional information, the pharmacist decides to call the doctor that wrote the prescription, but cannot get in touch with the doctor.

The pharmacist doesn't feel comfortable filling the prescription.

Let's see how this scenario plays out.

*Pharmacist:* I apologize, but I am unable to fill this prescription.

*Patient:* Why can't you fill this prescription?

*Pharmacist:* As a pharmacist, I must adhere to specific company guidelines that require me to confirm the therapy with your doctor. I tried to call your doctor but was unable to get a hold of him/her.

*Patient:* Why did you call my doctor?

*Pharmacist:* As a pharmacist, I must adhere to specific company guidelines that require me to confirm the therapy with your doctor. I tried to call your doctor but was unable to get a hold of him/her.



## DEA & Pharmacy Regulatory Training

### Dispensing Requirements, continued

#### Refusal to Fill: Scenario 2

A patient drops off a prescription for Methadone 10mg tablets. This patient is a regular customer at this CVS/pharmacy location. As the pharmacist checks the patient's profile information in RxConnect, he notices that the last time the patient had this prescription filled; it was five days before it was due and now this refill is ten days before it is due. The insurance did not reject the claim that it was refill too soon in both instances. The pharmacist, in his professional judgment, feels that the patient may be overusing the medication. He decides to call the doctor. When he speaks to the doctor, he voices his concerns about the refill too soon. However, the doctor states that he is okay with the refill too soon. After speaking with the doctor, the pharmacist still does not feel comfortable filling this prescription.

The pharmacist detects the following red flags:

- Early refills

Let's see how this scenario plays out.

*Pharmacist:* I apologize, but I am unable to fill this prescription.

*Patient:* Did my insurance reject it?

*Pharmacist:* No. I apologize, but I am unable to fill this prescription. As a CVS pharmacist, I must adhere to specific company guidelines that require me to confirm the therapy with your doctor and validate the appropriateness of the prescription according to specific dispensing protocols. I am unable to validate this prescription and am, therefore, unable to fill it. I am sorry for any inconvenience

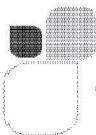
*Patient:* Well, did you call my doctor?

*Pharmacist:* Yes, but I am still not able to fill this prescription.

*Patient:* I don't understand what the problem is then. If my doctor says it's OK, then you have to fill it.

*Pharmacist:* I apologize, but I am unable to fill this prescription. As a CVS pharmacist, I must adhere to specific company guidelines that require me to confirm the therapy with your doctor and validate the appropriateness of the prescription according to specific dispensing protocols. I am unable to validate this prescription and am, therefore, unable to fill it. I am sorry for any inconvenience.





## DEA & Pharmacy Regulatory Training

### Dispensing Requirements, continued

#### Prescription Monitoring Programs

A growing majority of states have implemented prescription monitoring programs (PMPs) that require pharmacies to report prescriptions for controlled substances and other drugs.

- The structure and requirements for each state vary and some states provide access to pharmacists and practitioners to review a patient's profile or a doctor's prescribing patterns.

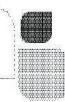
**I** **IMPORTANT:** Pharmacists should exercise professional judgment with regard to the use of these databases in dispensing prescriptions, and should consult the databases, if available, in situations where required by law or where you believe it is appropriate to do so to validate a prescription.

#### Penalties for Violations

**🚫 CONSEQUENCES:** It is illegal to knowingly dispense a controlled substance pursuant to an invalid prescription. This includes prescriptions that:

- Are not issued for a legitimate medical purpose by a practitioner acting in the usual course of professional practice
- Do not meet the technical requirements for a controlled substance prescription (signature, date, DEA number, etc.)
- Violate limitations on oral, facsimile or electronic prescribing
- Appear to have been altered, forged or copied

A pharmacy staff member who fails to take steps to verify a prescription when there is reason to believe it is not valid and, instead, fills the questionable prescription can be prosecuted criminally and/or lose his or her professional license in addition to being subject to disciplinary action by CVS/pharmacy up to and including termination.



## DEA & Pharmacy Regulatory Training

### Verifying the Identity of the Recipient of Controlled Substances

#### State Specific Identification Requirements

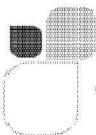
Under federal law, a prescription must only be dispensed to an “ultimate user.” Therefore, pharmacy staff must be satisfied that the medication dispensed will end up in the hands of the person to whom it was prescribed and that it **will not be diverted**. To do so, you should verify the identity of the person picking up the prescription.

The following states have specific requirements. Review the requirements that apply to your location. It is the responsibility of pharmacy staff to be aware of any state requirement relating to verifying the identity of a person picking up a prescription, regardless of whether the state requirement is listed here. Even if your state does not specifically require that a patient’s identity be verified, you may use this technique to assist in ensuring that a prescription will not be diverted.

## DEA & Pharmacy Regulatory Training

### Verifying the Identity of the Recipient of Controlled Substances, continued

States	Identification Requirements
CT, DE, KS, LA, MN, NM, NC, and SC	<p>Pharmacy staff members are required to verify the identity of the person picking up a controlled substance prescription by checking photo identification.</p> <p>In <b>MN</b>, the requirement applies only to Schedule II and III controlled substances.</p> <p>In <b>NM</b>, the name on the identification and the identification number must be recorded.</p> <p>In <b>NC</b>, the requirement applies only to Schedule II and III controlled substances and the pharmacy must record the name, type, and number on the identification.</p> <p>In <b>SC</b>, the identification type and number must be recorded.</p>
FL, GA, HI, IL, IN, NY, ND, OK, TX, and VA	<p>Valid proof of identification is required, though not necessarily photo identification.</p> <p>In <b>GA</b>, the requirement only applies to Schedule II prescriptions.</p> <p>In <b>HI</b>, the name, identification number, identification type, and signature must be recorded.</p> <p>In <b>VA</b>, if a person picking up a Schedule II prescription is not the person for whom the prescription was written, pharmacy staff must make a copy of the identification or record the full name and address of the person.</p> <p>In <b>FL</b>, verification of insurance through a real-time inquiry or adjudication system is considered proper identification.</p> <p>In <b>IL</b>, there is an identification requirement for Schedule V drugs (other than targeted methamphetamine precursors).</p> <p><b>TX</b> has a limited exception for emergency situations.</p>
<b>ID and NV</b>	<p>Photo identification is required unless insurance is paying for the prescription. In both states, the pharmacy staff must also make a copy of the identification card or otherwise record the identification number.</p>
<b>MA</b>	<p>Valid identification is required to be presented and entered into RxConnect when prompted during Data Entry or at Pick Up (Register).</p>
<b>MI</b>	<p>Valid identification is also required in MI; however, if the customer does not have identification available, the medication may be dispensed if the pharmacist determines, using his or her professional judgment, that delay in obtaining the identification may be detrimental to the patient.</p>
<b>IA, KY, MS, NH, and OH</b>	<p>Photo identification must be presented by purchasers of non-prescription Schedule V controlled substances.</p>



## DEA & Pharmacy Regulatory Training

### Controlled Substance Refills

#### Refill Restrictions for CII

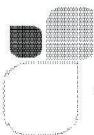
**Schedule II prescriptions may not be refilled.**

#### Requirements for Multiple CII Prescriptions

In some cases, DEA regulations allow practitioners to write multiple prescriptions for Schedule II drugs (e.g. methylphenidate) to be dispensed over a number of months. To be valid, such multiple prescriptions must meet the following requirements, among others:

- The total amount prescribed and dispensed pursuant to all of the prescriptions must be limited to a 90 day supply.
- Each prescription must be issued on a separate prescription blank.
- Each separate prescription must be issued for a legitimate medical purpose by an individual practitioner acting in the usual course of professional practice.
- The practitioner must provide written instructions on each prescription indicating the earliest date the pharmacy may fill the prescription.
- The issuance of multiple prescriptions must be permissible under applicable state law. Many states limit the prescribing of Schedule II drugs to a 30-day supply.





## DEA & Pharmacy Regulatory Training

### Controlled Substance Refills, continued

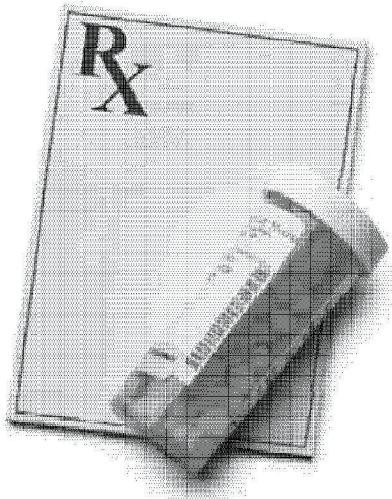
#### Handling CIII-V Refills

**Schedule III and IV** prescriptions may be refilled if authorized on the prescription. However, under federal law, the prescription may only be refilled five times within six months after the original date of issue. After five refills or six months, whichever comes first, a new prescription is required.

Under federal law, **Schedule V** prescriptions may only be refilled as authorized on the prescription by the prescriber.



**NOTE:** Some states impose additional limits on controlled substance refills.

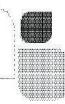


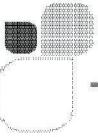
#### Early Refills

Although early refills are not strictly prohibited under federal or state law, pharmacy staff should not refill controlled substances prescriptions early unless they can document a legitimate reason for doing so.

It is not uncommon for drug seekers or criminals to refill a prescription early as a means to obtain additional amounts of the controlled substances. Staff should be particularly mindful of customers who have a pattern of requesting early refills.

CVS/pharmacy staff must be vigilant and exercise sound judgment in each individual case to determine that refilling a prescription early is appropriate and is not a means of facilitating diversion.





## DEA & Pharmacy Regulatory Training

### Ordering and Receiving Requirements for Schedule II Controlled Substances

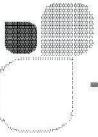
#### Ordering Procedures and Requirements

Schedule II controlled substances (CII) are ordered with an official DEA order form (DEA 222 form), as described in the table below. It is imperative that these forms be submitted and filed properly.

Step	Action
1	<p>The DEA 222 form must be signed and dated by a person who has been granted a Power of Attorney to sign an official order form by CVS Caremark. The Power of Attorney form must be kept on file in the pharmacy.</p> <p><b>! IMPORTANT:</b> Only pharmacists that have been granted a valid Power of Attorney can execute a DEA 222. Under <u>no</u> circumstances should a pharmacist who does not have a valid Power of Attorney execute or submit a DEA 222.</p>
2	<p>Copies of the DEA 222 form must be distributed as follows:</p> <ul style="list-style-type: none"> <li>• Copy 1 and Copy 2 of the form are submitted to the supplier.</li> <li>• Copy 3 is retained in the pharmacy's files for a period of two years (unless a longer retention is required under state law).</li> </ul>

 **NOTE:** Many states require transactions that involve substances that are classified as a Schedule II drug on a state schedule, but not on the federal schedule, be recorded on a DEA 222 form.





## DEA & Pharmacy Regulatory Training

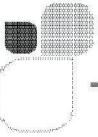
### Ordering and Receiving Requirements for Schedule II Controlled Substances, continued

#### Checking in CII Orders

At CVS/pharmacy, a pharmacist must check in all CII orders. The pharmacist will perform this activity using the steps below.

Step	Action
1	<p><b>Before</b> signing for receipt of the CII order, <b>check the tote/tray</b> containing CII drugs and if it appears that it may have been tampered with (i.e. the tote/tray appears damaged or is not sealed):</p> <ol style="list-style-type: none"> <li>1. The Pharmacist must refuse the order.</li> <li>2. The Pharmacist checking in the controlled substances <b>must</b> notify the driver that the shipment is being refused.</li> <li>3. The Pharmacist must also report the discrepancy to Distribution Services at extension 5555, the Pharmacy Supervisor and Loss Prevention.</li> </ol>
2	<p><b>Reconcile the contents</b> of the totes/tray delivered to the order invoice in the presence of the driver.</p> <p>If there is a discrepancy:</p> <ol style="list-style-type: none"> <li>1. The Pharmacist <b>must</b> refuse the order.</li> <li>2. The Pharmacist checking in the controlled substances <b>must</b> notify the driver that the shipment is being refused.</li> <li>3. The Pharmacist must also report the discrepancy to Distribution Services at extension 5555, the Pharmacy Supervisor and Loss Prevention.</li> </ol>
3	If there is no discrepancy, the Pharmacist <b>signs-off</b> on the driver's delivery log.
4	<p>The Pharmacist responsible for checking in the drugs must <b>record</b> the following information on the pharmacy's copy of the DEA 222 form:</p> <ul style="list-style-type: none"> <li>• Number of containers (bottles) received</li> <li>• Date the medication was received</li> </ul> <p> <b>NOTE:</b> Ditto marks ("") are not valid. The quantity of the drug and the date received must be completed for <u>each</u> medication that is listed on the DEA 222 form.</p>
5	The packaging slip or order invoice must be <b>stapled</b> to the back of the DEA 222 form and filed with the pharmacy's controlled substance records.





## DEA & Pharmacy Regulatory Training

### Ordering and Receiving Requirements for Schedule II Controlled Substances, continued

#### Checking in CII Orders, continued

Step	Action
6	<p>The Pharmacist on Duty must also <b>complete and sign the CII Inventory Form</b>, which must include the following information:</p> <ul style="list-style-type: none"> <li>• Full name of the medication received</li> <li>• Full name of the drug manufacturer (use separate cards if the pharmacy uses more than one brand name of the same drug)</li> <li>• The NDC number of the drug received</li> <li>• Package size received</li> </ul>
7	<p>The Pharmacist must also <b>establish the perpetual inventory</b> for the drugs received as follows:</p> <ol style="list-style-type: none"> <li>1. Complete the date inventory was taken</li> <li>2. Write "Beginning Inventory" on the card</li> <li>3. Leave the disbursement column blank</li> <li>4. Record the balance of amount on hand at pharmacy</li> <li>5. Write the initials of the pharmacist conducting the inventory</li> </ol>



#### NOTE: Returning CII's to the Supplier

A DEA 222 form is also required when returning a Schedule II controlled substance to a supplier or reverse distributor. For returns, the pharmacy is treated as the supplier of the controlled substances and the DEA 222 form must be filled out and submitted accordingly. For example, the Pharmacy's DEA registration number must be written in the field labeled "Supplier's DEA Registration No." As the supplier, the store must forward Copy 2 (green copy) to the local DEA office and keep Copy 1 (brown copy) in the pharmacy's controlled substance files.



## DEA & Pharmacy Regulatory Training

### Controlled Substance Record Retention Requirements

#### Pharmacy Records Retention Requirements

Federal and state laws impose strict recordkeeping requirements on pharmacies for the creation and maintenance of records relating to ordering, receipt, dispensing and disposal of controlled substances.

Federal law requires that a pharmacy keep controlled substance records on site in the pharmacy for two years. Federal law also requires that Schedule II records be kept separate from all other records.

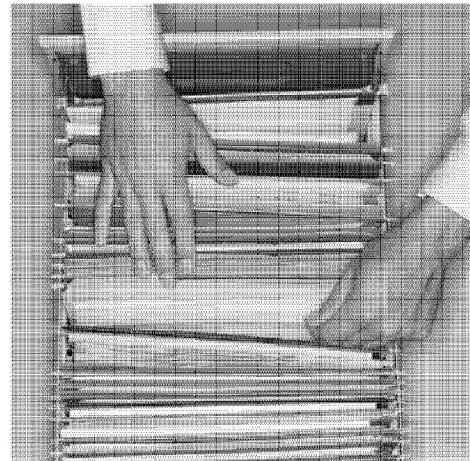
Various states require that pharmacy records be kept for a period of time longer than the two years required by federal law and may require that certain records be kept on site in the pharmacy. It is the responsibility of all pharmacy staff, and particularly the pharmacist on duty, to be aware of the applicable state recordkeeping requirements. Every pharmacy must maintain complete and accurate records that comply with all applicable laws and regulations governing the content, manner and period of retention for controlled substance records.

#### Pharmacy Records Storage Requirements

All stores must have a space allocated for the storage and retention of confidential pharmacy records. The pharmacist on duty and the front store manager are responsible to ensure that a designated space is available and easily accessible.

The guidelines below must be met for storage areas:

- They must be kept organized and easily accessible at all times.
- The area must be clear of front store merchandise or pharmacy supplies.
- Prescription files or any other confidential records must never be left outside of boxes.



## DEA & Pharmacy Regulatory Training

### Controlled Substance Record Retention Requirements, continued

#### Record Retention and Maintenance

All records must be stored as follows:

- Never use warehouse trays for storing documents.
- Clearly label all boxes so that documents are readily retrievable.
- All information should be written clearly in large bold letters with a black marker.
- All boxes should be stored with the information facing out.
- Documents should be stored by one of the following methods:
  - Type: warehouse invoices in one box, reports in another, etc.
  - Quarter: all documents completed within a specified quarter are stored together
  - Inventory Period: all documents completed within a specified inventory period are stored together

#### Expired Confidential Pharmacy Records

For records that have met their required retention period, follow the process below:

1. Remove the records from old boxes
2. Place records into blue confidential trash bags
3. Place blue bags into the confidential trash storage containers (CINTAS containers)
4. Ensure no PHI/confidential information is in and/or stuck to the old boxes
5. Place old boxes into your store's compactor for destruction

If the volume of records that have met their required record retention period exceeds the space available in your CINTAS containers, contact the CVS FIXX Line at 1-866-349-9287 to schedule a "Special Record" pickup.

**!** **IMPORTANT:** At no time should any confidential records and/or bags be stored outside the CINTAS containers.



## DEA & Pharmacy Regulatory Training

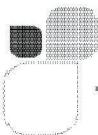
### Controlled Substance Record Retention Requirements, continued

#### Record Retention Schedule

CVS/pharmacy policy requires the retention of various categories of records as set forth in the chart below. Refer to RxNet for additional information.

CVS/pharmacy Document Retention Schedule		
Document	Location in Pharmacy	Retention Period
Audits / Paper Reviews	File: 2 Drawer File Cabinet	Three (3) years
End of Day RxConnect Reports	File: 2 Drawer File Cabinet	Six (6) years
Consultation/Third Party Signature Log	File: Storage area. (Prescription Files and Signature Logs are to be retained for 10 years, beginning with January 1 <sup>st</sup> , 2004).	Ten (10) years
Control Prescription Drug and PSE Inventory (biennial)	File: File Drawer where CII and Syringe prescriptions are kept.	Seven (7) years
CIII-CV Controlled Drug and PSE Invoices (non-warehouse)	File: 2 Drawer File Cabinet, separate from other invoices.	Seven (7) years
Compounding Log	File: Compounding area	Seven (7) years
DEA 106 forms and Initial Notification forms reporting thefts or significant losses of controlled substances (along with any state reporting forms)	File: 2 Drawer File Cabinet	Two (2) years
DEA C222 Order Forms along with the corresponding CII invoice and Power of Attorney form (completed)	File: 2 Drawer Cabinet. (Note: Non-used DEA 222 Order Forms should be retained in the narcotic safe or cabinet).	Seven (7) years
Drug Recalls	File: Returns/Pricing Manual	Three (3) years – Class I One (1) year – all others
Laws (State/Federal)	File: Legal Binder	Retain until new laws or regulations become available
Intra-Store Transfer Key Recs	File: 2 Drawer File Cabinet	Seven (7) years
Patient Release of Records	File: 2 Drawer File Cabinet	Seven (7) years
New/Discontinued Item Reports	File: 2 Drawer File Cabinet	Six (6) months
Physical Inventory Details and Results (i.e., physical inventory detail counts)	File: 2 Drawer File Cabinet	Two (2) Inventory Periods
Pharmacist Review for Adherence to State/Federal Regulations (Self Help Checklist)	File: 2 Drawer File Cabinet	Seven (7) years
Prescription Files	File: Prescription Filing Cabinet and/or Designated Storage Area. (Prescription Files and Signature Logs are to be retained for 10 years, beginning with January 1 <sup>st</sup> , 2004).	Ten (10) years (this includes CII and Syringe Files)
Prescription Records Inventory Log	File: Designated Storage Area. (Prescription Files and Signature Logs are to be retained for 10 years, beginning with January 1 <sup>st</sup> , 2004).	Ten (10) years
Schedule II Perpetual Inventory	File: Schedule II Binder	Seven (7) years
Warehouse Controlled Invoices (CIII-CV)	File: Separate from other invoices. Retain on clipboard until credit memo received.	Seven (7) years
Warehouse Invoices (Non Controlled or C-VI's)	File: Clipboard or Organizer Cabinet	Seven (7) years





## DEA & Pharmacy Regulatory Training

### Diversion and Diversion Trends

#### Diversion Defined

Drug diversion occurs when legitimate drug products are diverted from their lawful purpose for illicit use. Drug diversion is a serious problem and is a focus of federal, state and local law enforcement.

Drug diversion may occur when an individual takes a drug out of the pharmacy without a doctor's prescription and/or paying for it. Typically, the individual takes the drugs for personal use or for sale to others.

**Drug diversion is a crime.**

Examples of diversion include the following:

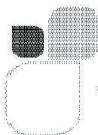
- Robbery/theft
- Prescriptions that are forged or altered by customer
- Prescriptions that were not written for a legitimate medical purpose in the usual course of professional practice
- A colleague stealing drugs from the pharmacy, often by concealing these drugs (e.g., placing drugs in smock pockets or inside clothing)
- A colleague self-medicates or ingests drugs from the pharmacy without a prescription
- A colleague forgers or alters a prescription or gives medication to a friend/family member without a valid prescription

Drug diversion also applies to products that contain pseudoephedrine/ephedrine (PSE/E).

At CVS/pharmacy we must live our core values at all times. Drug diversion is against our value of integrity and will not be tolerated at CVS/pharmacy.

- Stealing drugs is a crime. If you steal drugs you will be terminated from employment and may also be arrested and prosecuted. If you have a professional license you may lose it.
- All drugs at CVS/pharmacy must be accounted for through prescriptions and proofs of purchase.
- All pharmacy colleagues are required to be vigilant to guard against the diversion of controlled substances and listed chemicals.



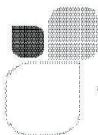


## DEA & Pharmacy Regulatory Training

### Diversion and Diversion Trends, continued

- Any colleague who diverts PSE/E or fails to comply with CVS/pharmacy policy by merchandising PSE/E product in a location other than behind the pharmacy counter and/or processing a PSE/E transaction from a Front Store register, regardless of the reason (pharmacy closed, or checkout lines are long), will be subject to disciplinary action up to, and including, termination.





## DEA & Pharmacy Regulatory Training

### Diversion and Diversion Trends, continued

#### Key Terms and Definitions

The table below provides key terms and definitions associated with drug diversion that you should be familiar with.

Term	Definition
Baseline Practices	These are our policies and procedures for preventing shrink.
Awareness	The ability to perceive and to be conscious of events implying a better understanding.
Drug Diversion	Occurs when legal drug products are obtained for illegal use. Examples include: <ul style="list-style-type: none"> <li>• Thefts/robberies</li> <li>• A colleague removing drugs from the Pharmacy by concealing them</li> <li>• A colleague self-medicating or ingesting drugs from the Pharmacy without a proper prescription</li> <li>• A colleague giving medication to a friend or family member without accepting payment</li> <li>• A colleague forging or altering a prescription to obtain prescription medication, or filling a prescription the colleague knows is false or fraudulent</li> <li>• Receiving a prescription that was altered or forged by a prescriber</li> <li>• Knowingly dispensing a prescription that does not comply with federal and state controlled substance laws</li> </ul>
VIPER	Visual, Improvements, Profit, Execution, and Results. It is an exception based software system that allows CVS/pharmacy oversight of all POS and Rx transactions.
PDMR	Prescription Drug Monitoring Report – A report that the Regional Loss Prevention Manager uses to identify patterns and trends with inventory levels of high theft drugs.
Esteem	Esteem is a retail theft database used by major retailers to track and reports incidents of colleague theft and shoplifting to be used for employment screening purposes. All colleagues who are terminated for theft are entered into the Esteem database and will remain in the system for 7 years.



## DEA & Pharmacy Regulatory Training

### Drugs of Concern

The federal Drug Enforcement Administration has identified certain drugs as “drugs of concern.” These drugs present a high risk for abuse or diversion, and you should be particularly conscious of potential diversion issues when dispensing these drugs. You should also be alert to losses involving these drugs. Key drugs of concern include the following.

Opioids (pain medications)	<ul style="list-style-type: none"> <li>• Hydrocodone – Vocodin, Lortab</li> <li>• Oxycodone – Tylox, Percodan, OxyContin, Percoset</li> <li>• Fentanyl – Actiq, Duragesic</li> <li>• Hydromorphone – Dilaudid, Palladone TM</li> <li>• Buprenorphine – Buprenex, Suboxone, Subutex</li> <li>• Methadone</li> <li>• Oxymorphone-Opana</li> </ul>
Other anesthetics	<ul style="list-style-type: none"> <li>• Ketamine – Ketalar, Ketaset, Ketajet</li> <li>• Propofol</li> <li>• Fospropofol – Lusedra</li> <li>• Tramadol – Ultram, Ultracet</li> </ul>
Benzodiazepines (anti-anxiety medications)	<ul style="list-style-type: none"> <li>• Alprazolam – Xanax</li> <li>• Clonazepam – Klonopin</li> <li>• Diazepam – Valium</li> <li>• Lorazepam – Ativan</li> <li>• Temazepam – Restoril</li> </ul>
Muscle relaxants	<ul style="list-style-type: none"> <li>• Carisoprodol – Soma</li> <li>• Cyclobenzaprine – Flexeril</li> </ul>
Methylphenidates (stimulants)	<ul style="list-style-type: none"> <li>• Ritalin, Concerta, Metadate, Methylin, Focalin</li> </ul>
Anabolic steroids	
Human Growth Hormones	<ul style="list-style-type: none"> <li>• Genotropin, Humatrope, Norditropin, Nutropin, Saizen, Serostim</li> </ul>
<p><small>*Some DEA field divisions have identified other drugs of concern based on local trends, including Amphetamines, Codeine, Adderall, Meperidine, Phendimetrazine, and Promethazine.</small></p>	

## DEA & Pharmacy Regulatory Training

### Diversion and Diversion Trends, continued

#### Diversion Trends

Drug seekers and criminals may attempt to obtain controlled substances through many different means. Some examples are through the use of forged or altered prescriptions, doctor shopping, pill mills and even theft. We will discuss these trends in more detail in the next few sections.

#### Forged or Altered Prescriptions

Drug seekers may alter or forge prescriptions in a variety of ways.

- Alter prescriptions originally received from a legitimate practitioner
- Copy a prescription to use it multiple times
- Steal a prescription pad to write fraudulent prescriptions
- Create prescription pads using a doctor name and contact number that is answered by the patient or by an accomplice. *In some cases, a licensed doctor or an employee of the doctor's office may be an accomplice.*
- Attempt to call in a fake oral prescription by posing as a prescriber's office



**IMPORTANT:** CVS/pharmacy colleagues must be vigilant and exercise sound professional judgment. If you have a question about any aspect of a prescription order, ask your pharmacist.

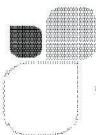
There are a number of signs to look for to spot a potentially fraudulent prescription including:

#### Prescriptions . . .

- that contain misspellings
- that appear to be photocopied
- written in different color inks, or in different types of handwriting
- written in full, with no abbreviations, or that do not comply with standard abbreviations
- with unusual quantities, directions or dosages that do not comply with usual practice
- written for antagonistic drugs (e.g., depressants and stimulants) for a single patient

Pharmacy staff must be satisfied that all requirements of a valid prescription have been met before a prescription may be filled.





## DEA & Pharmacy Regulatory Training

### Diversion and Diversion Trends, continued

- When contacting a prescriber to verify a prescription, use the phone number in RxConnect if that number differs from the phone number on the prescription.
- Note the conversation with the prescriber's office on the prescription.
- If the prescription cannot be verified, it cannot be filled.

In some states, only anti-forgery prescription forms may be used for CII drugs. It is important that pharmacy staff dispenses based on prescription forms that are proper.

**Consequence:** It is illegal to knowingly dispense controlled substances pursuant to an invalid prescription, including a prescription that is forged, altered or fraudulent. A pharmacy staff member who fails to take steps to verify a prescription when there is reason to believe it is not valid and, instead, fills the questionable prescription can be prosecuted criminally and/or lose his or her professional license.

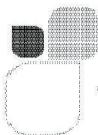
### Doctor Shopping

“Doctor shopping” refers to the practice of an individual visiting multiple doctors in order to obtain multiple prescriptions for a controlled substance. The individual will typically have the multiple prescriptions filled at different pharmacies. By doctor shopping, an individual can obtain a large quantity of controlled substances for purposes of abuse or diversion.

Best practices to mitigate against the diversion threat presented by doctor shopping:

- When checking Patient Profile information, be alert for similar prescriptions filled at other CVS/pharmacy locations.
- If you identify duplicate prescriptions, notify the pharmacist.
- Check the state PMP system, if available
- If you have any question about whether a prescription was issued for a legitimate medical purpose, check with the pharmacist.





## DEA & Pharmacy Regulatory Training

### Diversion and Diversion Trends, continued

#### Early Refills

Repeat requests for early refills of a controlled substance prescription may indicate diversion.

Best practices to mitigate against the diversion threat presented by early refills:

- Strictly comply with applicable CVS policies and procedures regarding refills.
- Note attempts by a patient to obtain an early refill in the patient profile and consult the patient profile and consult the pharmacist when determining whether to honor an early refill request.
- If you determine it is appropriate to honor the early refill request, document the rationale for that determination. If you have any questions regarding the early refill, ask your pharmacist.

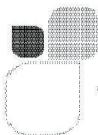
#### Pill Mills

Some doctors will prescribe large quantities of controlled substances to patients, with minimal or no medical evaluation. Patients often travel long distances to obtain prescriptions from so-called "Pill Mills" for purposes of abuse or diversion.

Some indications of a Pill Mill operation include, but are not limited to, the following:

- Large number of controlled substance prescriptions written by a single prescriber or practice
- Prescriptions written for unusually large quantities of controlled substances
- Prescriptions written by a particular prescriber that contain uniform dosage and quantities
- The use of prescriptions that are preprinted or stamped
- Issuance of prescriptions for antagonistic prescriptions (depressant and stimulant) at the same time
- Prescriber repeatedly issues new prescriptions or refills for controlled substances to a patient
- Prescriber routinely prescribes the same combination of drugs for pain treatment, particularly if the combination has a high potential for abuse (i.e., oxycodone, alprazolam and carisoprodol)
- Prescribers who do not take insurance or patients who have insurance but insist on paying cash
- Customers who come in groups to get prescriptions filled





## DEA & Pharmacy Regulatory Training

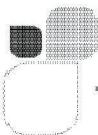
### Diversion and Diversion Trends, continued

- Customers who request drugs by brand name or description (ex: "Mallinckrodt blues" or "M's")
- Prescriptions written by local prescriber for out-of-state patients or patients that are not local to the pharmacy
- Prescriptions for a controlled substance written for multiple members of one household
- Disconnect between prescriber's specialty and substances prescribed
- Disconnect between patient age and profile information and the type and quantity of drugs prescribed
- Customers who appear to be altered, intoxicated or incoherent

In areas where "Pill Mills" are prevalent, the ordering patterns for particular drugs with high abuse potential (e.g., hydrocodone or alprazolam) may increase, sometimes significantly.



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## DEA & Pharmacy Regulatory Training

### Diversion and Diversion Trends, continued

#### Pill Mills, continued

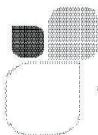
Best practices to mitigate against the diversion threat posed by “Pill Mills”:

- Pharmacists should be mindful that they have a “corresponding responsibility” under the federal regulations for the proper dispensing of controlled substances. A pharmacist must ensure that any controlled substance prescription is valid before dispensing the medication.
- To be valid, a prescription must be issued for “a legitimate medical purpose by an individual practitioner acting in the usual course of his professional practice.”
- A prescription may meet the technical requirements for a valid prescription (signature, date, etc.), but will be invalid if it is not issued for a legitimate medical purpose in the usual course of professional practice.
  - If you question whether a prescription was issued for a legitimate medical purpose, contact your pharmacist, so that the pharmacist can contact the prescriber for verification and evaluate all available information to determine if the prescription was written for a legitimate medical purpose.
  - Pharmacists are required to use their professional judgment to determine whether a prescription was issued for a legitimate medical purpose and in the usual course of professional practice.
  -



**IMPORTANT:** If a pharmacy staff member is concerned about a potential pill mill, the staff member should report the matter to the **Ethics Line by calling 1-877-CVS-2040**. Second, if you’re comfortable doing so, inform your immediate supervisor of your concerns.





## DEA & Pharmacy Regulatory Training

### Diversion and Diversion Trends, continued

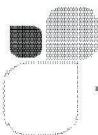
#### Theft

Controlled substances and listed chemicals may be the target of attempted thefts. These substances may also be the target of colleague theft.

Best practices to mitigate against the theft of controlled substances and listed chemicals:

- Strictly comply with all applicable laws, regulations, and CVS/pharmacy policies and procedures regarding the security of the pharmacy premises. Access to the pharmacy is restricted and the Pharmacy Support Staff has the responsibility to:
  - Ensure that the doors to the Pharmacy are locked
  - Restrict access to pharmacy to authorized colleagues
  - Ensure that approved visitors, guests, and vendors are supervised while in the pharmacy
  - Ensure that all colleague's personal items are stored in accordance with CVS/pharmacy policies (e.g. all personal items stored in the locker, not in the pharmacy)
- Strictly comply with all applicable laws, regulations, and CVS/pharmacy policies and procedures regarding controlled substances, including the following:
  - CII substances must be kept in pharmacy safe or narcotics cabinet, if applicable
  - If present, the pharmacy safe or narcotics cabinet must be secured at all times
  - Only authorized colleagues should have access to controlled substances
  - Proper inventory procedures are followed
  - Pharmacists, not the Pharmacy Support Staff, are required to perform receiving procedures for controlled substances





## DEA & Pharmacy Regulatory Training

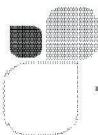
### Diversion and Diversion Trends, continued

#### Theft, continued

- Immediately report issues relating to theft through the appropriate channels.
  - In the event of a robbery or break-in, colleagues must follow CVS/pharmacy's policies and procedures regarding such events and must also immediately report the incident to the local law enforcement authorities.
  - Any suspected breach of pharmacy security must be reported immediately to the pharmacist on duty, the Pharmacy Supervisor, LP, and/or the Ethics Line.
  - All thefts/losses of controlled substances must be immediately reported to the Pharmacist on Duty so that the DEA and other relevant authorities can be notified in accordance with CVS/pharmacy's Theft or Significant Loss of Controlled Substance Policy, which includes utilizing the Archer Drug Loss Program Database.

Any suspected incidents of colleague diversion must first be reported immediately to Regulatory Compliance at RxRegulatory@cvs.com, RxRegulatory@CVSCaremark.com and/or Rx\_DEA\_PSE\_CS@cvs.com. Second, if you're comfortable doing so, inform your immediate supervisor of your concerns.





## DEA & Pharmacy Regulatory Training

### Reporting Thefts or Losses of Controlled Substances

#### State and Federal Regulations

Federal regulations require that thefts and significant losses of controlled substances be reported to the DEA. DEA must receive initial notification of the theft or loss of controlled substances within 24 hours of the discovery of the theft or loss. **Therefore, it is important that all CVS/pharmacy colleagues immediately report any suspected theft or loss of a controlled substance to the pharmacist on duty.**

Some state agencies also have specific requirements for the reporting of thefts or losses of controlled substances.

- In some cases, the state agency may have different time requirements for the filing of theft/loss notifications or reports, may require that events other than theft or "significant loss" be reported and may require the use of a specific state reporting form.
- The following states have their own theft/loss reporting requirements, and it is the responsibility of any pharmacist working in those states to be aware of the specific state requirements:
  - AL, AK, AZ, AR, CA, CO, CT, DC, DE, FL, GA, HI, ID, IL, IN, IA, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

## DEA & Pharmacy Regulatory Training

### Reporting Thefts or Losses of Controlled Substances, continued

#### Reporting Thefts or Losses

Reporting thefts or significant losses of controlled substances is a critical responsibility of every colleague because CVS/pharmacy is required under federal and state law to report those events to the DEA and to state drug enforcement agencies **immediately upon discovery**.

CVS/pharmacy wants to ensure the security of controlled substances and prevent the possible diversion of prescription drugs to addicts or criminals. We also must prevent diversion of drugs by CVS/pharmacy colleagues.

Pharmacy colleagues must immediately report an incident to the pharmacist on duty so that the appropriate investigation and notifications can take place.

#### What Must be Reported

Incidents to be reported:

All CVS/pharmacy Colleagues	<p>Instances where you suspect:</p> <ul style="list-style-type: none"> <li>• That there may have been a theft of controlled substances.</li> <li>• Unauthorized access to or any breach of security regarding controlled substances.</li> <li>• That there has been an unexplained loss of controlled substances, which might include: a loss of a significant amount of a controlled substance, a pattern of losses, or any other suspicious circumstances regarding the loss of controlled substances.</li> <li>• The colleague discovering the theft or loss of a controlled substance should report the matter to the Pharmacist on Duty. If the colleague is not comfortable reporting to the Pharmacist on Duty, he/she may notify the <b>Ethics Line by calling 1-877-CVS-2040</b>.</li> </ul>
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## DEA & Pharmacy Regulatory Training

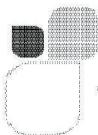
### Reporting Thefts or Losses of Controlled Substances, continued

Pharmacist on Duty	<p>The Pharmacist on Duty must report the suspected loss or theft of controlled substances immediately upon discovery.</p> <ul style="list-style-type: none"> <li>• The Initial Notification of Suspected Controlled Substance Theft or Significant Loss Form must be filled out <u>legibly</u> and <u>completely</u> (no blank fields permitted) within 24 hours of discovery of the theft or loss.</li> <li>• The Pharmacist on Duty faxes the form to:           <ul style="list-style-type: none"> <li>○ DEA Field Office</li> <li>○ State Board of Pharmacy</li> <li>○ Any local offices that require notification (ex. Florida Sheriff's office)</li> <li>○ RxRegulatory@CVSCaremark.com or our fax # 401-652-1625 with MANDATORY internal cover sheet</li> </ul> </li> </ul> <p>The information from the Initial Notification Form and the Mandatory Internal Coversheet will be entered into the Archer Drug Loss Program Database ("Archer DLP") by an Rx Regulatory Compliance Analyst.</p> <ul style="list-style-type: none"> <li>• The Pharmacist on Duty must also notify his or her Pharmacy Supervisor within 24 hours of any theft or loss involving controlled substances.</li> </ul>
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## DEA & Pharmacy Regulatory Training

### Reporting Thefts or Losses of Controlled Substances, continued

<b>Pharmacy Supervisors</b>	<p>Thefts of controlled substances:</p> <ul style="list-style-type: none"> <li>• All thefts, regardless of the quantity involved, must be reported.</li> <li>• If the pharmacy is the victim of a colleague theft, armed robbery, burglary, "snatch and grab" or other similar incident where controlled substances or listed chemicals are taken.</li> </ul> <p>An immediate E-mail notification will be sent upon entering the Initial Notification into Archer DLP to the Pharmacy Supervisor and Regional Loss Prevention Manager listed on the form.</p> <p>Once the Pharmacy Supervisor receives the e-mail notification, they must sign into the Archer DLP to review the details of the initial notification. The Pharmacy Supervisor will coordinate the investigation with Loss Prevention. Upon completion of the investigation, the Pharmacy Supervisor must complete the 106 fields in the Archer DLP.</p> <p>Note: If you are not familiar with the Archer DLP please refer to course #820001.</p> <p>"Significant" losses of controlled substances:</p> <ul style="list-style-type: none"> <li>• The DEA has not defined "significant," therefore Rx Regulatory will make the determination, with the assistance of Legal, as to whether a loss qualifies as "significant." It is the responsibility of the Pharmacy Supervisor to provide the pertinent information required in the Archer database.</li> <li>• Miscounts or adjustments to inventory involving clerical errors (i.e., incorrect transcription of quantity on invoice or inventory results in a discrepancy) will not be reported to DEA as a significant loss.</li> <li>• Note that some states impose different reporting requirements and require the reporting of events other than thefts or significant losses.</li> </ul> <p>Once reported to the Pharmacy Supervisor, the Pharmacy Supervisor must:</p> <ul style="list-style-type: none"> <li>• Confirm that the Initial Notification form was filed</li> <li>• Coordinate with Loss Prevention to initiate an investigation of the incident</li> <li>• If the incident is a theft, it must also be reported to local law enforcement</li> <li>• Upon completion of the investigation, complete the 106 fields in the Archer DLP so that Rx Regulatory can submit the DEA 106 Form</li> <li>• If the investigation remains ongoing for more than 30 days, update DEA (and state authorities, if applicable) with a letter of continuation every 30 days until the investigation is complete</li> </ul>
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## DEA & Pharmacy Regulatory Training

### Reporting Thefts or Losses of Controlled Substances, continued

Federal regulations require that thefts and significant losses of controlled substances be reported to the DEA. DEA must receive initial notification of the theft or loss of controlled substances within 24 hours of the discovery of the theft or loss. Therefore, it is important that all CVS/pharmacy colleagues immediately report any suspected theft or loss of a controlled substance to the Pharmacist on Duty.



**NOTE:** Some states impose different reporting requirements and require the reporting of events other than thefts or significant losses.



## DEA & Pharmacy Regulatory Training

### Reporting Thefts or Losses of Controlled Substances, continued

#### In-Transit Losses Process and Requirements

“In-transit” losses are those losses that occur while controlled substances or listed chemicals are **in route from one facility to another** (i.e., from a wholesaler to a distribution center or from a distribution center to a retail store). All in-transit losses must be reported to the DEA, regardless of the quantity of controlled substances involved.

- Pharmacists and pharmacy staff must notify the pharmacist on duty immediately of any shortages in shipments of controlled substances received in the pharmacy.
- The pharmacist on duty must refuse the shipment if any shortage or discrepancy is identified.
- The pharmacist on duty must immediately notify Distribution Services, their Pharmacy Supervisor, and Loss Prevention upon discovery of an in-transit loss.
- Reporting responsibility for in-transit losses:
  - If a loss or discrepancy in a controlled substance shipment is discovered prior to the acceptance of the shipment, then the supplier is responsible for reporting to DEA.
  - If a loss or discrepancy in a controlled substance shipment is discovered after it has been signed for, then the Store is responsible for reporting to DEA.

## DEA & Pharmacy Regulatory Training

### Reporting Thefts or Losses of Controlled Substances, continued

#### Colleague Responsibility

All colleagues handling controlled substances should be thoroughly familiar with CVS/pharmacy policies and procedures on reporting of thefts or losses of controlled substances.

All  
CVS/pharmacy  
colleagues



- The colleague discovering the theft or loss of a controlled substance should report the matter to the pharmacist on duty.
- If the colleague is not comfortable reporting to the pharmacist on duty, he/she may notify the **Ethics Line by calling 1-877-CVS-2040**.

Pharmacist on  
Duty

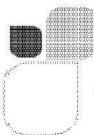


- Reports the suspected theft or loss of controlled substances within **24 hours of discovery** by submitting an Initial Notification of Suspected Controlled Substance Theft or Significant Loss Form which must be filled out legibly and completely (no blank fields permitted)
- Faxes the form to:
  - DEA Field Office
  - State Board of Pharmacy
  - Any local offices that require notification (ex. Florida Sheriff's office)
  - RxRegulatory@CVS.com, RxRegulatory@CVSCarmark.com or our fax # 401-652-1625 with **MANDATORY** internal cover sheet
- Notifies their Pharmacy Supervisor within 24 hours of any theft or loss involving controlled substances.

Pharmacy  
Supervisor



- Coordinates the investigation
- Is responsible for filling in the 106 fields in the Archer Drug Loss Program. (If you are not familiar with the Archer Drug Loss Program please refer to course # 820001).



## DEA & Pharmacy Regulatory Training

### Reporting Thefts or Losses of Controlled Substances, continued

#### Archer DEA 106 Process

The information from the Initial Notification Form and the Mandatory Internal Coversheet will be entered into the Archer Drug Loss Program Database by an Rx Regulatory Compliance Analyst.

An immediate e-mail notification will be sent upon entering the Initial Notification into Archer DLP to the Pharmacy Supervisor and Regional Loss Prevention Manager listed on the form.

Once the Pharmacy Supervisor receives the e-mail notification, they must sign into the Archer DLP to review the details of the initial notification. Once an investigation is complete, the Pharmacy Supervisor must complete the 106 fields in the Archer Drug Loss Program.

#### Additional Pharmacy Supervisor Responsibilities with Investigating a Loss

Once reported to the Pharmacy Supervisor, the Pharmacy Supervisor must:

- Confirm that the Initial Notification form was filed.
- Coordinate with Loss Prevention to initiate an investigation of the incident.
- If the incident is a theft, it must also be reported to local law enforcement.
- Upon completion of the investigation, complete the 106 fields in the Archer Drug Loss Program so that Rx Regulatory can submit the DEA 106 Form.
- If the investigation remains ongoing for more than 30 days, update DEA (and state authorities, if applicable) with a letter of continuation every 30 days until the investigation is complete.

Pharmacy Supervisors are responsible for investigating a loss and providing the information required by the Archer Drug Loss Program so that a Form 106 can be submitted to the DEA.

Legal questions regarding theft/loss reporting may be sent to Rx\_DEA\_PSE\_CS@cvs.com.



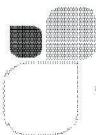
## DEA & Pharmacy Regulatory Training

### Reporting Thefts or Losses of Controlled Substances, continued

#### Penalties for Violations

 **CONSEQUENCES:** Failure to report thefts or losses in a timely manner can result in serious consequences for the company, including monetary penalties and other sanctions. Failure by a colleague to immediately report a potential theft or loss of a controlled substance or a security breach regarding controlled substances can result in disciplinary action, up to and including termination.

We will promptly investigate any incident involving the theft or loss of controlled substances or listed chemicals. Any colleague involved in stealing or diverting controlled substances, listed chemicals or other drugs will be terminated. Information about the incident will also be turned over to law enforcement and state authorities, including state Boards of Pharmacy.



## DEA & Pharmacy Regulatory Training

### Resource Center

#### Additional Information

For additional information on any policies or procedures discussed in this training, please refer to RxNet.



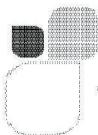
#### Ethics Line

The Ethics Line can be used to report any instances of non-compliance by you or others.

You can reach the Ethics Line in many ways:

- Confidential phone: 1-877-CVS-2040
- Confidential email address: Ethics.BusinessConduct@cvs.com
- Confidential fax: (847) 559-3835
- Confidential mailing address:  
Chief Compliance Officer  
CVS Caremark  
One CVS Drive  
Woonsocket, RI 02895





## DEA & Pharmacy Regulatory Training

### Course Summary

#### Summary

In this training, you have learned about:

- Policies and requirements regarding controlled substances
- The importance of verifying that each prescription is valid
- Ways to identify forged and altered prescriptions
- Dispensing guidelines for controlled substances
- Recordkeeping requirements for controlled substances
- Diversion and diversion trends
- How to report thefts and losses of controlled substances

#### Next Steps

In order to receive credit for the completion of this training, you will need to complete the assessment via LEARNet with a score of 100%.

To complete the assessment via LEARNet, follow the steps below:

Step	Action
1	Access LEARNet ( <a href="https://cvslearn.net.cvs.com">https://cvslearn.net.cvs.com</a> ).
2	Log-in by entering your 7-digit employee ID and password.
3	In the "My Alerts" section of your LEARNet home page, click on the DEA & Pharmacy Regulatory Training link. (The course description will display.)
4	Click on the "complete the assessment" link.

